



03-26-04  
-200/3745

## Dag Hammarskjold Cancer Treatment Center

155 Dry Hill Road P.O.Box 5476  
Beckley, West Virginia 25801

V. Sahadevan, M.D., Ph.D.  
Director.

Telephone: 304/ 252-9510  
Fax: 304/ 252-9541  
E-mail: DR SAHA@aol.com

March 24, 2004

Express Mail, Mailing Label No.: ET067181675US  
Date of Deposit: March 24, 2004

Assistant Commissioner for Patents  
Washington D.C. 20231

Attention:  
Azpuru, Carlos A  
Art Unit: 165

Re: U.S. Utility Patent Application  
Application No. 10/072,416; Filed: February 7, 2002  
For:  
**Prostatic Hormonal Implants Treatment of the Prostate  
Cancer**  
Inventor: Dr. Velayudhan Sahadevan

Sir:

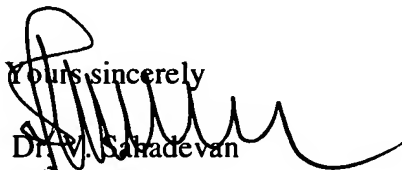
Transmitted herewith for appropriate action are the following documents:

1. Response
2. Credit Card Payment Form with authorization to draw the fee
3. One return post card

It is respectfully requested that the attached post card be stamped with date of filing of these documents, and that it be returned.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency to my credit card, the credit card payment form for this purpose is attached. A duplicate copy of this letter is enclosed.

Yours sincerely

  
Dr. V. Sahadevan  
Applicant



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Art Unit: 165

Velayudhan Sahadevan

Examiner: Azpuru Carlos A.

Application: No. 10/072,416

Filed: February 7, 2002

For: **Prostatic Hormonal Implants  
Treatments of the Prostate  
Cancer**

Assistant Commissioner for Patents  
Washington D.C. 20231

Sir,

This is in response the Office Action dated September 24, 2003 on above referenced application. The following remarks are respectfully submitted. The extension fee of \$ 475.00 was paid Credit Card Payment on March 19<sup>th</sup>, 2004; its copy is attached.

Except for the replacement of previous claims 1-22 and 38-41, no additional claims are included. The revised claims include claims 42 – 67; 4 independent claims and 23 dependent claims. The fee for the independent claims is calculated as  $4 - 3 = 1$ ; \$ 42 per independent claims and hence \$ 42 for additional independent claim. The fee for dependent claim is calculated as  $23 - 20 = 3$ ; and  $3 \times 9 = 18$ . The total fee is thus calculated as \$ 69.00. If additional extensions of time are necessary to prevent abandonment of the above referenced application, then such extension of time is requested and any required therefor (including fee for filing and net addition of claims) are hereby authorized to be charged from my Credit Card; the Credit Card Payment Form is attached.

Kindly enter the following amendments:

*In the claims:*

Please cancel the previous claims 1 – 22 and 38 - 41 without prejudice and disclaimer.

04/06/2004 00000022 10072416

01 FC:2201  
02 FC:2202  
03 FC:1999

12.00 DP  
18.00 DP  
8.00 DP

04/06/2004 00000022 10072416

43.00 DP  
14.00 DP  
8.00 DP

01 FC:2201  
02 FC:2202  
03 FC:1999